



**POTENTIAL HAZARDOUS WASTE SITE
IDENTIFICATION AND PRELIMINARY ASSESSMENT**

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| REGION VI | SITE NUMBER (to be assigned by HQ) NM299 |
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NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-335); 401 M St., SW; Washington, DC 20460.

I. SITE IDENTIFICATION

| | | | |
|--|-----------------------|---|--|
| A. SITE NAME GULTON INDUSTRIES, DATA SYSTEMS DIV. | | B. STREET (or other identifier) 6600 Gulton Court | |
| C. CITY Albuquerque | D. STATE NM | E. ZIP CODE 87190 | F. COUNTY NAME Bernalillo |
| G. OWNER/OPERATOR (if known) 1. NAME George J. Friberg (VP Manufacturing) | | 2. TELEPHONE NUMBER (505)345-9031 | |
| H. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN | | | |
| I. SITE DESCRIPTION Treatment system for removing heavy metals (copper mainly) from manufacturing waste. Site contains emergency holding pond and spent filter material and chemical storage area. | | | |
| J. HOW IDENTIFIED (i.e., citizen's complaints, OSHA citations, etc.) | | | K. DATE IDENTIFIED (mo., day, & yr.) |
| L. PRINCIPAL STATE CONTACT 1. NAME Jack Ellvinger, NMEID | | 2. TELEPHONE NUMBER (505)827-5271 | |

II. PRELIMINARY ASSESSMENT (complete this section last)

| | |
|--|--------------------------------------|
| A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN | |
| B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. IMMEDIATE SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 3. SITE INSPECTION NEEDED a. TENTATIVELY SCHEDULED FOR: _____ b. WILL BE PERFORMED BY: _____ <input type="checkbox"/> 4. SITE INSPECTION NEEDED (low priority) | |
| C. PREPARER INFORMATION 1. NAME Imre Sekelyhidi, FIT | 2. TELEPHONE NUMBER (214)742-4521 |
| 3. DATE (mo., day, & yr.) 7/23/81 | |

III. SITE INFORMATION

| | |
|---|--|
| A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or municipal sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequently.) <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes.) <input type="checkbox"/> 3. OTHER (specify): _____ (Those sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.) | |
| B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): 3679 | |
| C. AREA OF SITE (in acres) 10 | D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg.-min.-sec.) 35° 08' 30"N 2. LONGITUDE (deg.-min.-sec.) 106° 37' 33"W |
| E. ARE THERE BUILDINGS ON THE SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify): Office & assembly plant, waste systems, storage | |



Continued From Front

IV. CHARACTERIZATION OF SITE ACTIVITY

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

| A. TRANSPORTER | B. STORER | C. TREATER | D. DISPOSER |
|---------------------|--|----------------------------|--------------------------|
| 1. RAIL | 1. PILE | 1. FILTRATION | 1. LANDFILL |
| 2. SHIP | X 2. SURFACE IMPOUNDMENT | 2. INCINERATION | 2. LANDFARM |
| 3. BARGE | X 3. DRUMS | 3. VOLUME REDUCTION | 3. OPEN DUMP |
| 4. TRUCK | 4. TANK, ABOVE GROUND | X 4. RECYCLING/RECOVERY | 4. SURFACE IMPOUNDMENT |
| 5. PIPELINE | 5. TANK, BELOW GROUND | X 5. CHEM./PHYS. TREATMENT | 5. MIDNIGHT DUMPING |
| 6. OTHER (specify): | 6. OTHER (specify): Surface impoundment is drained every 90 days. Drums are shipped every 90 days. | 6. BIOLOGICAL TREATMENT | 6. INCINERATION |
| | | 7. WASTE OIL REPROCESSING | 7. UNDERGROUND INJECTION |
| | | 8. SOLVENT RECOVERY | 8. OTHER (specify): |
| | | 9. OTHER (specify): | |

E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED

V. WASTE RELATED INFORMATION

A. WASTE TYPE

☐ 1. UNKNOWN ☒ 2. LIQUID ☒ 3. SOLID ☐ 4. SLUDGE ☐ 5. GAS

B. WASTE CHARACTERISTICS

☐ 1. UNKNOWN ☒ 2. CORROSIVE ☒ 3. IGNITABLE ☐ 4. RADIOACTIVE ☐ 5. HIGHLY VOLATILE
☒ 6. TOXIC ☐ 7. REACTIVE ☐ 8. INERT ☒ 9. FLAMMABLE
☐ 10. OTHER (specify):

C. WASTE CATEGORIES

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

Manifests system, inventories, weekly inspection reports of drum conditions.

2. Estimate the amount (specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

| a. SLUDGE | b. OIL | c. SOLVENTS | d. CHEMICALS | e. SOLIDS | f. OTHER |
|-----------------------|----------------------|-------------------------------------|---------------------------------------|---|------------------------------|
| AMOUNT None | AMOUNT None | AMOUNT 160 | AMOUNT *200 | AMOUNT *200 | AMOUNT None |
| UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE |
| | | gal/90 days | gal/90 days | gal/90 days | |
| X (1) PAINT, PIGMENTS | X (1) OILY WASTES | X (1) HALOGENATED SOLVENTS | X (1) ACIDS | X (1) FLYASH | X (1) LABORATORY PHARMACEUT. |
| (2) METALS SLUDGES | (2) OTHER (specify): | X (2) NON-HALOGENATED SOLVENTS | (2) PICKLING LIQUORS | (2) ASBESTOS | (2) HOSPITAL |
| (3) POTW | | (3) OTHER (specify): Mixed solvents | X (3) CAUSTICS | (3) MILLING/ MINE TAILINGS | (3) RADIOACTIVE |
| (4) ALUMINUM SLUDGE | | | (4) PESTICIDES | (4) FERROUS SMLTG. WASTES | (4) MUNICIPAL |
| (5) OTHER (specify): | | | (5) DYES/INKS | (5) NON-FERROUS SMLTG. WASTES | (5) OTHER (specify): |
| | | | (6) CYANIDE | X (6) OTHER (specify): Combined total of chemicals & solids | |
| | | | (7) PHENOLS | | |
| | | | (8) HALOGENS | | |
| | | | (9) PCB | | |
| | | | X (10) METALS | | |
| | | | (11) OTHER (specify): | | |
| | | | *Combined total of chemicals & solids | | |

V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

Copper, lead, nickle, tin, solvents, caustics

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

VI. HAZARD DESCRIPTION

| A. TYPE OF HAZARD | B. POTENTIAL HAZARD (mark 'X') | C. ALLEGED INCIDENT (mark 'X') | D. DATE OF INCIDENT (mo., day, yr.) | E. REMARKS |
|--|--------------------------------|--------------------------------|-------------------------------------|------------|
| 1. NO HAZARD | X | | | |
| 2. HUMAN HEALTH | | | | |
| 3. NON-WORKER INJURY/EXPOSURE | | | | |
| 4. WORKER INJURY | | | | |
| 5. CONTAMINATION OF WATER SUPPLY | | | | |
| 6. CONTAMINATION OF FOOD CHAIN | | | | |
| 7. CONTAMINATION OF GROUND WATER | | | | |
| 8. CONTAMINATION OF SURFACE WATER | | | | |
| 9. DAMAGE TO FLORA/FAUNA | | | | |
| 10. FISH KILL | | | | |
| 11. CONTAMINATION OF AIR | | | | |
| 12. NOTICEABLE ODORS | | | | |
| 13. CONTAMINATION OF SOIL | | | | |
| 14. PROPERTY DAMAGE | | | | |
| 15. FIRE OR EXPLOSION | | | | |
| 16. SPILLS/LEAKING CONTAINERS/ RUNOFF/STANDING LIQUIDS | | | | |
| 17. SEWER, STORM DRAIN PROBLEMS | | | | |
| 18. EROSION PROBLEMS | | | | |
| 19. INADEQUATE SECURITY | | | | |
| 20. INCOMPATIBLE WASTES | | | | |
| 21. MIDNIGHT DUMPING | | | | |
| 22. OTHER (specify): | | | | |

Continued From Front

VII. PERMIT INFORMATION

A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.

- ☐ 1. NPDES PERMIT ☐ 2. SPCC PLAN ☐ 3. STATE PERMIT (specify): _____
☐ 4. AIR PERMITS ☐ 5. LOCAL PERMIT ☐ 6. RCRA TRANSPORTER
☒ 7. RCRA STORER ☐ 8. RCRA TREATER ☐ 9. RCRA DISPOSER

☒ 10. OTHER (specify): City of Albuquerque discharge permit

B. IN COMPLIANCE?

- ☒ 1. YES ☐ 2. NO ☐ 3. UNKNOWN

4. WITH RESPECT TO (list regulation name & number): _____

VIII. PAST REGULATORY ACTIONS

- ☒ A. NONE ☐ B. YES (summarize below)

IX. INSPECTION ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
| | | | |
| | | | |

X. REMEDIAL ACTIVITY (past or on-going)

- ☒ A. NONE ☐ B. YES (complete items 1, 2, 3, & 4 below)

| 1. TYPE OF ACTIVITY | 2. DATE OF PAST ACTION (mo., day, & yr.) | 3. PERFORMED BY: (EPA/State) | 4. DESCRIPTION |
|---------------------|--|------------------------------|----------------|
| | | | |
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NOTE: Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.